Signature

10-01



Please type a plus sign (+) inside this box +

PTO/SB/05 (11-00) Approved for use through 10/31/2002. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. **S145-USA** Little First Inventor Medical Tack with a Variable Effective Length Title

(Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No. EL 516 675 914 US Assistant Commissioner for Patents APPLICATION ELEMENTS Box Patent Application Washington, D.C. 20231 ADDRESS TO: See MPEP chapter 600 concerning utility patent application contents. Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or (Submit an original, and a duplicate for fee processing) Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission Applicant claims small entity status. (if applicable, all necessary) See 37 CFR 1.27. Computer Readable Form (CRF) [Total Pages 3. Specification 17 (preferred arrangement set forth below) Specification Sequence Listing on: - Descriptive title of the invention CD-ROM or CD-R (2 copies); or - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D paper - Reference to sequence listing, a table, or a computer program listing appendix Statements verifying identity of above copies - Background of the Invention - Brief Summary of the Invention ACCOMPANYING APPLICATION PARTS - Brief Description of the Drawings (if filed) Assignment Papers (cover sheet & document(s)) - Detailed Description - Claim(s) 37 CFR 3.73(b) Statement Power of Attorney 10. - Abstract of the Disclosure (when there is an assignee) 11. English Translation Document (if applicable) 8 Drawing(s) (35 U.S.C. 113) [Total Sheets **V** Copies of IDS Information Disclosure 2. Statement (IDS)/PTO-1449 Citations [Total Pages 5. Oath or Declaration 13. Preliminary Amendment Newly executed (original or copy) a. Return Receipt Postcard (MPEP 503) 14. (Should be specifically itemized) Copy from a prior application (37 CFR 1.63(d)) Certified Copy of Priority Document(s) (for continuation/divisional with Box 18 completed) 15. (if foreign priority is claimed) DELETION OF INVENTOR(S) Request and Certification under 35 U.S.C. 122 i. 16. (b)(2)(B)(i). Applicant must attach form PTO/SB/35 Signed statement attached deleting inventor(s) òr its equivalent. named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 17. Other: Application Data Sheet. See 37 CFR 1.76 If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, 18. or in an Application Data Sheet under 37 CFR 1.76: Continuation-in-part (CIP) of prior application No.: Continuation Divisional Group / Art Unit Prior application information: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS or Correspondence address below Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) 28284 Second Sight, LLC Name PATENT TRADEMARK OFFICE P.O. Box 905 Address Zip Code 91380-9005 City Santa Clarita State CA (661) 775-3995 ext. 3129 Fax (661) 775-1595 Telephone Country USA Registration No. (Attorney/Agent) Name (Print/Type) Scott B. Duni 37,124 Date

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

plicant(s): Little	Docket No. S145-USA		
Serial No.	Filing Date	Examiner	Group Art Unit
vention: MEDICAL TAC	CK WITH A VARIABLE EFF	ECTIVE LENGTH	
I hereby certify that the fo	llowing correspondence:		,
Patent Application			
	(Identify type	of correspondence)	
is being deposited with th	ne United States Postal Servi	ce "Express Mail Post Office to	Addressee" service under
		Emily M. Stu (Typed or Printed Name of Person M (Signature of Person Mailing) EL 516 675 91	Cailing Correspondence) Correspondence) 4 US
		(- 7	,
	Note: Each paper must ha	we its own certificate of mailing.	

PTO/SB/17 (XX-XX)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to r espond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL	Complete if Known			
for FY 2002	Application Number			
101 F 1 2002	Filing Date			
	First Named Inventor	Little		
Patent fees are subject to annual revision.	Examiner Name			
	Group Art Unit			

Attorney Docket No.

S145-USA

\$428.00

METHOD OF PAYMENT		FEE CALCULATION (continued)					
1 The Commissioner is hereby authorized to charge		3. ADDITIONAL FEES					
Deposit	Large E Fee	Entity Fee	Small Fee	Entity Fee	Fee Description Fee Paid		
Account Number 50-0922	Code 105	(\$) 130	Code 205	(\$) 65	Surcharge - late filing fee or oath		
Deposit Account Second Sight, LLC		50	227		Surcharge - late provisional filing fee or cover sheet		
Name Charge Any Additional Fee Required		130	139	130	Non - English specification		
Charge Any Additional Fee Required Under 37 CFR §§ 1 16 and 1 17		2,520	147	2,520	For filing a request for ex parte reexamination		
Applicant claims small entity status See 37 CFR § 1 27		920*	112	920*	Requesting publication of SIR prior to Examiner action		
2. Payment Enclosed:		1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
Check Credit card Money Other		110	215	55	Extension for reply within first month		
FEE CALCULATION		400	216	200	Extension for reply within second month		
1. BASIC FILING FEE		920	217	460	Extension for reply within third month		
Large Entity Small Entity		1,440	218	720	Extension for reply within fourth month		
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid		1,960	228	980	Extension for reply within fifth month		
101 740 201 370 Utility filing fee 370.00		320	219	160	Notice of Appeal		
106 330 206 165 Design filing fee		320	220	160	Filing a brief in support of an appeal		
107 510 207 255 Plant filing fee		280	221	140	Request for oral hearing		
108 740 208 370 Reissue filing fee		1,510	138	1,510	Petition to institute a public use proceeding		
114 160 214 80 Provisional filing fee		110	240	55	Petition to revive - unavoidable		
SUBTOTAL (1) \$370.00		1,280	241	640	Petition to revive - unintentional		
2 EVIDA CI AIM EEES		1,280	242	640	Utility issue fee (or reissue)		
2. EXTRA CLAIM FEES Fee from		460	243	230	Design issue fee		
Extra Claims below Fee Paid Total Claims 22 -20** = 2 X 9.00 = 18.00 Independent 3 - 3** = 0 X 0.00 = 0.00 Multiple Dependent 0.00 = 0.00		620	244		Plant issue fee		
		130	122		Petitions to the Commissioner		
		50	123	50	Processing fee under 37 CFR § 1.17(q)		
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126	180		180	Statement		
Code (\$) Code (\$)	581	40			Recording each patent assignment per property (times number of properties) 40.00		
103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3	146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))		
102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid	149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))		
109 84 209 42 ** Reissue independent claims	179	740	279	370	Request for Continued Examination (RCE)		
over original patent	169	900	169	900	Request for expedited examination		
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Oth	er fee	(specify)	of a design application		
SUBTOTAL (2) \$18.00							
**or number previously paid, if greater, For Reissues, see above		duced I	by Basi	c Filing	Fee Paid SUBTOTAL (3) \$40.00		
SUBMITTED BY		Paciet	ration N	0 1	Complete (if applicable)		
Name (Print/Type) Scott B. Dunbyr			y/Agent)		37,124 Telephone (661) 775-3995 Ext. 3129		
Signature			_		Date 10/10/01		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

TOTAL AMOUNT OF PAYMENT